

EXHIBIT A

Sun Life Assurance Company of Canada

Summary Statement

**Client Number**

964157

Customer Service Center

1-800-247-6875

Payment Address

Sun Life
 PO Box 843201
 Kansas City, MO 64184-3201

Billing Group Number

964157-0001

Web Site

www.sunlife.com/us

Stealth Invoicing
 Franchise Group, Inc.
 18700 N. Hayden Rd.
 Suite 405
 Scottsdale, AZ 85255

**Please be sure to include an updated
 copy of this Summary Statement with payment
 or email to premium.statements@sunlife.com.**

Payment Due Date

12/01/2024

Benefit	Option	Lives	Rate	Calculate	Volume	Current Period	Adjustments	Total Premium
Specific SL Emp & Family	Specific SL Emp & Family	3545	50.27	Lives x Rate	0	\$ 178,207.15	\$ -	\$ 178,207.15

The rates shown include insurance premium and fees for services.

Total \$ 178,207.15**Explanation of Adjustments**

Premiums are due and payable on the premium due date. A grace period (as specified in your Group Insurance Policy) is granted for administrative and mailing purposes. If full payment is not received prior to the expiration of the grace period, all coverage will cease. Also, if any insureds contribute to the cost of coverage and you continue to collect contributions after the date of termination, you may be liable for claims. Mail in your completed statement to the PO Box listed above.

Name of person completing this form**Title****Phone Number**

Stealth Invoicing	Benefits Administrator	
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Signature**Date****Email**

	01/02/2025	
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